

--2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90136 019 ****70.00

004483

DOCUMENT # N29875

1. Entity Name

KENDALL PARK COMMERCIAL CONDOMINIUM FIVE CONDOMI

Principal Place of Business

Mailing Address

~~670 LAUREN L. GARNER~~
~~13000 SW 120TH ST.~~
~~MIAMI FL 33186-4522~~~~9. ROSE G. PERRIN~~
~~13000 SW 120TH ST.~~
~~MIAMI FL 33186-4522~~
US

00032232

2. Principal Place of Business

3. Mailing Address

10934 SW 146 PL

10934 SW 146 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0179459

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PERRIN, ROSE G.~~
~~13000 SW 120TH ST.~~
~~MIAMI FL 33186~~Name **CMV Management Co**
Street Address (P.O. Box Number is Not Acceptable)
Kendall Park Comm. Condo 5
10934 SW 146 PL
City **Miami** FL Zip Code **33186**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROYO, ANTONIO 13000 SW 120TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROYO, IVANKA 13000 SW 120TH ST. MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 13000 SW 120TH ST. MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ARTHUR 13000 SW 120TH ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPARRA, ANGEL 12367 SW 132 CT. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, ROBERTO 12365 SW 132 CT. MIAMI FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ, ENRIQUE 12359 SW 132 CT Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD de Parra, Angel 12367 SW 132 CT Miami FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angel de Parra 3/1/01 305-387-6267

CR2E037 (10/00)